MGCA-126457490 SERFF Tracking Number: State: Arkansas Filing Company: State Tracking Number: 44581 The Chesapeake Life Insurance Company

Company Tracking Number: CH-26210 PPO-IP (03/09) AR 201001 AR CHESAPEAKE 14977

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider

(PPO)

CH-26210 PPO-IP (03/09) AR - Catastrophic Expense Preferred Provider Organization (PPO) Product Name:

Project Name/Number:

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CH-26210 PPO-IP (03/09) AR - SERFF Tr Num: MGCA-126457490 State: Arkansas

Catastrophic Expense Preferred Provider

Organization (PPO)

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 44581

Closed

Sub-TOI: H16I.005A Individual - Preferred Co Tr Num: CH-26210 PPO-IP State Status: Approved-Closed

Provider (PPO) (03/09) AR 201001 AR CHESAPEAKE 14977

Filing Type: Rate Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei Disposition Date: 01/22/2010

Mordovine, Aliya Panjwani, Yan Yuan, Eliseo Rodriguez, Joanna Gulling, Liz Hart, Sean Casey, David Beimesch, Tony Huang, Kendall Daniels, Chanel Orallo, Sommay Khounlo, Ashley Toner,

Jennifer Schilb

Date Submitted: 01/14/2010 Disposition Status: Approved-

Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Not Filed

Project Number: Date Approved in Domicile:

Requested Filing Mode: Domicile Status Comments: Our state of

> domicile is Oklahoma and does not require rate changes to be filed; therefore, no such rate

filing has been made in that state.

Market Type:

Explanation for Combination/Other: Submission Type: New Submission Group Market Size:

Company Tracking Number: CH-26210 PPO-IP (03/09) AR 201001 AR CHESAPEAKE 14977

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider

(PPO)

Product Name: CH-26210 PPO-IP (03/09) AR - Catastrophic Expense Preferred Provider Organization (PPO)

Project Name/Number:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 01/22/2010 Explanation for Other Group Market Type:

State Status Changed: 01/22/2010

Deemer Date: Created By: Sean Casey

Submitted By: Sean Casey Corresponding Filing Tracking Number:

Filing Description:

This policy is designed to provide reimbursement for certain stated medical expenses. Benefits are provided for certain medical care expenses incurred while the policy is inforce and are subject to the facility fees, copayments, deductible, and coinsurance percentage.

Company and Contact

Filing Contact Information

David Beimesch, nrhact-comp@healthmarkets.com

9151 boulevard 26 817-255-3752 [Phone]

north richland hills, TX 76180

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma

9151 Boulevard 26 Group Code: 264 Company Type:
North Richland Hills, TX 76180 Group Name: State ID Number:

(817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

The Chesapeake Life Insurance Company \$0.00 01/14/2010

The Chesapeake Life Insurance Company \$50.00 01/22/2010 33715922

Company Tracking Number: CH-26210 PPO-IP (03/09) AR 201001 AR CHESAPEAKE 14977

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider

(PPO)

Product Name: CH-26210 PPO-IP (03/09) AR - Catastrophic Expense Preferred Provider Organization (PPO)

Project Name/Number:

Correspondence Summary

Dispositions

Status Created By Created On Date Submitted

Approved- Rosalind Minor 01/22/2010 01/22/2010

Closed

Objection Letters and Response Letters

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Rosalind Minor 01/21/2010 01/21/2010

Industry Response

Company Tracking Number: CH-26210 PPO-IP (03/09) AR 201001 AR CHESAPEAKE 14977

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider

(PPO)

Product Name: CH-26210 PPO-IP (03/09) AR - Catastrophic Expense Preferred Provider Organization (PPO)

Project Name/Number: /

Disposition

Disposition Date: 01/22/2010

Implementation Date: Status: Approved-Closed

Comment:

As discussed in our telephone conversation on this date, please disregard my objection of 1/21/10.

We have approved your request of a 7.1% increase on the ClassicFit product and a 6.7% increase on the EssentialFit product. The approval is subject to the following conditions:

- 1. Rate increases will not be given prior to the first annual anniversary date of any policy.
- 2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
- 3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 MGCA-126457490
 State:
 Arkansas

 Filing Company:
 The Chesapeake Life Insurance Company
 State Tracking Number:
 44581

Company Tracking Number: CH-26210 PPO-IP (03/09) AR 201001 AR CHESAPEAKE 14977

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider

(PPO)

Product Name: CH-26210 PPO-IP (03/09) AR - Catastrophic Expense Preferred Provider Organization (PPO)

Project Name/Number:

Schedule Item Schedule Item Status Public Access

Supporting DocumentHealth - Actuarial JustificationApproved-ClosedNoSupporting DocumentSupporting DocumentationApproved-ClosedNoRateCH-26210 PPO-IP (03/09) AR Rate page Approved-ClosedYes

Company Tracking Number: CH-26210 PPO-IP (03/09) AR 201001 AR CHESAPEAKE 14977

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005A Individual - Preferred Provider

(PPO)

Product Name: CH-26210 PPO-IP (03/09) AR - Catastrophic Expense Preferred Provider Organization (PPO)

Project Name/Number:

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/21/2010 Submitted Date 01/21/2010

Respond By Date
Dear David Beimesch,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Please provide our Department with the experience on this block of business.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Rate/Rule Schedule

Schedule Document Name: Affected Form Rate Rate Action Information: Attachments

Item Numbers: Action:*

Status: (Separated with

commas)

Approved- CH-26210 PPO-IP CH-26210 New CH-26210 PPO-

Closed (03/09) AR Rate page IP (0309) AR 01/22/2010 Rate Page

CF.pdf

CH-26210 PPO-IP (0309) AR

Rate Page EF.pdf

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Catastrophic Expense Preferred Provider Organization (PPO)

CH-26210 PPO-IP (03/09) AR

Classic Fit

Formula

Round(AE x AgeSex x Area x Base x Inflation x Marital x Network x Tobacco x Aggregate Lifetime Max x Deductible Coinsurance MOOP ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation	
1.07100000	00

A \$9 fee is added to the policies on a direct bill mode. A one-time application fee of up to \$55 may be applicable.

Base	Factor
Base	142.380

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates. This adjustment may also apply to any rider(s) attached.

AE	Factor
Child	1.173000
Female	1.040400
Male	1.040400

Benefit Options	Factor
Deductible 1000 Coinsurance 70 MOOP 5000	1.091900
Deductible 1000 Coinsurance 70 MOOP 10000	1.043000
Deductible 1000 Coinsurance 80 MOOP 5000	1.140400
Deductible 1000 Coinsurance 80 MOOP 10000	1.110700
Deductible 1500 Coinsurance 70 MOOP 5000	1.050200
Deductible 1500 Coinsurance 70 MOOP 10000	1.002400
Deductible 1500 Coinsurance 80 MOOP 5000	1.094100
Deductible 1500 Coinsurance 80 MOOP 10000	1.065000
Deductible 2500 Coinsurance 70 MOOP 5000	0.982800
Deductible 2500 Coinsurance 70 MOOP 10000	0.937200
Deductible 2500 Coinsurance 80 MOOP 5000	1.020000
Deductible 2500 Coinsurance 80 MOOP 10000	0.991700
Deductible 3000 Coinsurance 70 MOOP 5000	0.957800
Deductible 3500 Coinsurance 70 MOOP 5000	0.935200
Deductible 3500 Coinsurance 70 MOOP 10000	0.891400
Deductible 3500 Coinsurance 80 MOOP 5000	0.968100
Deductible 3500 Coinsurance 80 MOOP 10000	0.940600
Deductible 5000 Coinsurance 70 MOOP 5000	0.863900
Deductible 5000 Coinsurance 70 MOOP 10000	0.823000
Deductible 5000 Coinsurance 80 MOOP 5000	0.890600
Deductible 5000 Coinsurance 80 MOOP 10000	0.864500
Deductible 7500 Coinsurance 70 MOOP 5000	0.780800
Deductible 7500 Coinsurance 70 MOOP 10000	0.743900
Deductible 7500 Coinsurance 80 MOOP 5000	0.800900
Deductible 7500 Coinsurance 80 MOOP 10000	0.776600
Aggregate 1000000 Lifetime Max 2000000	1.000000
Aggregate 1000000 Lifetime Max 4000000	1.050000
Aggregate 2000000 Lifetime Max 8000000	1.100000

Other values may be interpolated.

Demographic	Value	Factor
Marital	No	1.000

Marital discount only applies if both primary and spouse are insured.

Demographic	Value	Factor
Marital	Yes	0.900
Tobacco	No	1.000
Tobacco	Yes	1.300

Tobacco		res	1.30
Age	Factor	Gender	Adult/Dep
00	0.7700	Female	Adult
01	0.7700	Female	Adult
02	0.7700	Female	Adult
03	0.7700	Female	Adult
04	0.7700	Female	Adult
05	0.7700	Female	Adult
06	0.7700	Female	Adult
07	0.7700	Female	Adult
08	0.7700	Female	Adult
09	0.7700	Female	Adult
10	0.7700	Female	Adult
11	0.7700	Female	Adult
12	0.7700	Female	Adult
13	0.7700	Female	Adult
14	0.7700	Female	Adult
15		Female	Adult
16		Female	Adult
17		Female	Adult
18		Female	Adult
19		Female	Adult
20		Female	Adult
21		Female	Adult
22		Female	Adult
23		Female	Adult
24		Female	Adult
25		Female	Adult
26		Female	Adult
27		Female	Adult
28		Female	Adult
29		Female	Adult
30		Female	Adult
31		Female	Adult
32		Female	Adult
33		Female	Adult
34		Female	Adult
35		Female	Adult
36		Female	Adult
37		Female	Adult
38		Female	Adult
39		Female	Adult
40		Female	Adult
41		Female	Adult
42		Female	Adult
43		Female	Adult
44		Female	Adult
45		Female	Adult
46		Female	Adult
47		Female	Adult
48		Female	Adult
49		Female	Adult
50	1.6560	Female	Adult

Age	Factor	Gender	Adult/Dep
51		Female	Adult
52		Female	
53			Adult
54		Female	Adult
55		Female	Adult
56		Female	Adult
		Female	Adult
57			Adult
58		Female	14.4.1
59		Female	Adult
60		Female	Adult
61		Female	Adult
62		Female	Adult
63		Female	Adult
64 - 99	2.9760	Female	Adult
00	0.5850	Male	Adult
01	0.5850	Male	Adult
02	0.5850	Male	Adult
03	0.5850	Male	Adult
04	0.5850	Male	Adult
05	0.5850	Male	Adult
06	0.5850	Male	Adult
07	0.5850	Male	Adult
08	0.5850	Male	Adult
09	0.5850	Male	Adult
10	0.5850	Male	Adult
11	0.5850	Male	Adult
12	0.5850	Male	Adult
13	0.5850	Male	Adult
14	0.5850		Adult
15	0.5850		Adult
16	0.5850		Adult
17	0.5850		Adult
18	0.5850		Adult
19	0.5850		Adult
20	0.5850		Adult
21	0.5850		Adult
22	0.5850		Adult
23	0.5850		Adult
24	0.5850		Adult
25	0.5850		Adult
26	0.5880		Adult
27	0.6010		Adult
28	0.6140		Adult
29	0.6270		Adult
30	0.6410		Adult
31	0.6550		Adult
32	0.6760		Adult
33	0.6990	Male	Adult
34	0.7230	Male	Adult
35	0.7470	Male	Adult
36	0.7720	Male	Adult
37	0.8040	Male	Adult
38	0.8350	Male	Adult
39	0.8690	Male	Adult
40	0.9030	Male	Adult
ļ		I	

Age	Factor	Gender	Adult/Dep
41	0.9400	Male	Adult
42	0.9870	Male	Adult
43	1.0380	Male	Adult
44	1.0910	Male	Adult
45	1.1450	Male	Adult
46	1.2040	Male	Adult
47	1.2630	Male	Adult
48	1.3240	Male	Adult
49	1.3880	Male	Adult
50	1.4560	Male	Adult
51	1.5270	Male	Adult
52	1.6450	Male	Adult
53	1.7720		Adult
54	1.9090		Adult
55 55	2.0570		Adult
56	2.2160		Adult
57	2.3580		Adult
58	2.5100		Adult
58 59	2.6710		Adult
	2.8430		Adult
60			
61	3.0260		Adult
62	3.1500		Adult
63	3.2780		Adult
64 - 99	3.4120		Adult
00		Female	Dep Child
01		Female	Dep Child
02		Female	Dep Child
03		Female	Dep Child
04		Female	Dep Child
05	0.4100	Female	Dep Child
06		Female	Dep Child
07	0.4100	Female	Dep Child
08	0.4100	Female	Dep Child
09	0.4100	Female	Dep Child
10	0.4100	Female	Dep Child
11	0.4100	Female	Dep Child
12	0.4100	Female	Dep Child
13	0.4100	Female	Dep Child
14	0.4290	Female	Dep Child
15	0.4500	Female	Dep Child
16	0.4710	Female	Dep Child
17	0.4940	Female	Dep Child
18	0.5170	Female	Dep Child
19	0.5420	Female	Dep Child
20	0.5680	Female	Dep Child
21	0.5950	Female	Dep Child
22	0.6240	Female	Dep Child
23		Female	Dep Child
24		Female	Dep Child
_ · 25		Female	Dep Child
26		Female	Dep Child
27		Female	Dep Child
28		Female	Dep Child
20 29		Female	Dep Child
		Female	
30 - 99	0.0410	remale	Dep Child

Age	Factor	Gender	Adult/Dep
00	0.5140	Male	Dep Child
01	0.4900	Male	Dep Child
02	0.4490	Male	Dep Child
03	0.4100	Male	Dep Child
04	0.4100	Male	Dep Child
05	0.4100	Male	Dep Child
06	0.4100	Male	Dep Child
07	0.4100	Male	Dep Child
08	0.4100	Male	Dep Child
09	0.4100	Male	Dep Child
10	0.4100	Male	Dep Child
11	0.4100	Male	Dep Child
12	0.4100	Male	Dep Child
13	0.4100	Male	Dep Child
14	0.4290	Male	Dep Child
15	0.4500	Male	Dep Child
16	0.4710	Male	Dep Child
17	0.4940	Male	Dep Child
18	0.5170	Male	Dep Child
19	0.5420	Male	Dep Child
20	0.5680	Male	Dep Child
21	0.5950	Male	Dep Child
22	0.6240	Male	Dep Child
23	0.6530	Male	Dep Child
24	0.6850	Male	Dep Child
25	0.7180	Male	Dep Child
26	0.7450	Male	Dep Child
27	0.7680	Male	Dep Child
28	0.7920	Male	Dep Child
29	0.8160	Male	Dep Child
30 - 99	0.8410	Male	Dep Child

Area	ID	Factor
71600 - 71699	AB	1.051
71700 - 71799	AB	1.051
71800 - 71899	AB	1.051
71900 - 71999	AD	1.104
72000 - 72099	ZA	0.976
72100 - 72199	AF	1.160
72200 - 72299	AA	1.025
72300 - 72399	AB	1.051
72400 - 72499	AB	1.051
72500 - 72599	AH	1.218
72600 - 72699	ZA	0.976
72700 - 72799	ZE	0.884
72800 - 72899	AF	1.160
72900 - 72999	ZE	0.884
All - Others	АН	1.218

Expected PPO Network Fee is approximately \$2-\$20. This is a mandatory monthly fee per policy/certificate.

The default network will have a factor of 1.0 and other alternative networks will have a factor between 0.75 and 1.25 depending on their discount and penetration compared to the default network.

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Catastrophic Expense Preferred Provider Organization (PPO)

CH-26210 PPO-IP (03/09) AR

EssentialFit

Formula

Round(AE x AgeSex x Area x Base x Inflation x Marital x Network x Tobacco x Aggregate Lifetime Max x Deductible Coinsurance x Deductible Coinsurance MOOP ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation	
1.06700000	0

A \$9 fee is added to the policies on a direct bill mode. A one-time application fee of up to \$55 may be applicable.

Base	Factor
Base	129.690

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates. This adjustment may also apply to any rider(s) attached.

AE	Factor
Child	1.173000
Female	1.040400
Male	1.040400

Benefit Options	Factor
Deductible 7500 Coinsurance 80 MOOP 5000	1.023100
Deductible 7500 Coinsurance 80 MOOP 10000	0.991500
Deductible 7500 Coinsurance 90 MOOP 5000	1.055500
Deductible 7500 Coinsurance 90 MOOP 10000	1.040400
Deductible 7500 Coinsurance 100	1.119500
Deductible 10000 Coinsurance 80 MOOP 5000	0.939200
Deductible 10000 Coinsurance 80 MOOP 10000	0.909700
Deductible 10000 Coinsurance 90 MOOP 5000	0.964900
Deductible 10000 Coinsurance 90 MOOP 10000	0.950400
Deductible 10000 Coinsurance 100	1.020000
Deductible 15000 Coinsurance 80 MOOP 5000	0.819600
Deductible 15000 Coinsurance 80 MOOP 10000	0.793800
Deductible 15000 Coinsurance 90 MOOP 5000	0.836900
Deductible 15000 Coinsurance 90 MOOP 10000	0.823500
Deductible 15000 Coinsurance 100	0.880100
Deductible 20000 Coinsurance 80 MOOP 5000	0.737900
Deductible 20000 Coinsurance 80 MOOP 10000	0.714900
Deductible 20000 Coinsurance 90 MOOP 5000	0.750500
Deductible 20000 Coinsurance 90 MOOP 10000	0.738200
Deductible 20000 Coinsurance 100	0.786100
Aggregate 1000000 Lifetime Max 2000000	1.000000
Aggregate 1000000 Lifetime Max 4000000	1.050000
Aggregate 2000000 Lifetime Max 8000000	1.100000

Other values may be interpolated.

Demographic	Value	Factor
Marital	No	1.000
Marital	Yes	0.900
Tobacco	No	1.000
Tobacco	Yes	1.300

Marital discount only applies if both primary and spouse are insured.

Age			Adult/Dep
00	0.7700	Female	Adult
01	0.7700	Female	Adult
02	0.7700	Female	Adult
03	0.7700	Female	Adult
04	0.7700	Female	Adult
05	0.7700	Female	Adult
06	0.7700	Female	Adult
07	0.7700	Female	Adult
08	0.7700	Female	Adult
09	0.7700	Female	Adult
10		Female	Adult
11		Female	Adult
12		Female	Adult
13			Adult
		Female	
14		Female	Adult
15		Female	Adult
16		Female	Adult
17		Female	Adult
18		Female	Adult
19	0.7700	Female	Adult
20	0.7700	Female	Adult
21	0.7700	Female	Adult
22	0.7730	Female	Adult
23	0.7790	Female	Adult
24	0.7850	Female	Adult
25	0.7910	Female	Adult
26	0.7970	Female	Adult
27	0.8230	Female	Adult
28	0.8510	Female	Adult
29	0.8790	Female	Adult
30		Female	Adult
31		Female	Adult
32		Female	Adult
33		Female	Adult
34		Female	Adult
35		Female	Adult
36		Female	
37	_	Female	Adult
38		Female	Adult
39		Female	Adult
40		Female	Adult
41		Female	Adult
42		Female	Adult
43	1.3740	Female	Adult
44	1.4130	Female	Adult
45	1.4520	Female	Adult
46	1.4930	Female	Adult
47	1.5320	Female	Adult
48	1.5730	Female	Adult
49		Female	Adult
50		Female	Adult
51		Female	Adult
52		Female	Adult
53 54		Female Female	Adult Adult

Age	Factor	Gender	Adult/Dep
55		Female	Adult
56			Adult
57			Adult
58		Female	Adult
59		Female	Adult
60		Female	Adult
61		Female	Adult
62		Female	Adult
63		Female	Adult
64 - 99		Female	Adult
00	0.5850		Adult
01	0.5850		Adult
02	0.5850		Adult
03	0.5850	Male	Adult
04	0.5850	Male	Adult
05	0.5850	Male	Adult
06	0.5850	Male	Adult
07	0.5850	Male	Adult
08	0.5850	Male	Adult
09	0.5850	Male	Adult
10	0.5850	Male	Adult
11	0.5850	Male	Adult
12	0.5850	Male	Adult
13	0.5850	Male	Adult
14	0.5850		Adult
15	0.5850		Adult
16	0.5850		Adult
17	0.5850		Adult
18	0.5850		Adult
19	0.5850		Adult
			Adult
20	0.5850		
21	0.5850		Adult
22	0.5850		Adult
23	0.5850		Adult
24	0.5850		Adult
25	0.5850		Adult
26	0.5880		Adult
27	0.6010		Adult
28	0.6140		Adult
29	0.6270		Adult
30	0.6410	Male	Adult
31	0.6550	Male	Adult
32	0.6760	Male	Adult
33	0.6990	Male	Adult
34	0.7230	Male	Adult
35	0.7470	Male	Adult
36	0.7720	Male	Adult
37	0.8040	Male	Adult
38	0.8350		Adult
39	0.8690		Adult
40	0.9030		Adult
41	0.9400		Adult
42	0.9870		Adult
43	1.0380		Adult
43	1.0360		Adult
74	1.0910	iviaie	Auuii

•			LA 1 1/15
Age			Adult/Dep
45	1.1450		Adult
46	1.2040		Adult
47	1.2630		Adult
48	1.3240		Adult
49	1.3880		Adult
50	1.4560		Adult
51	1.5270		Adult
52	1.6450		Adult
53	1.7720	Male	Adult
54	1.9090	Male	Adult
55	2.0570	Male	Adult
56	2.2160	Male	Adult
57	2.3580	Male	Adult
58	2.5100	Male	Adult
59	2.6710	Male	Adult
60	2.8430	Male	Adult
61	3.0260	Male	Adult
62	3.1500	Male	Adult
63	3.2780	Male	Adult
64 - 99	3.4120	Male	Adult
00	0.5140	Female	Dep Child
01	0.4900	Female	Dep Child
02	0.4490	Female	Dep Child
03		Female	Dep Child
04		Female	Dep Child
05		Female	Dep Child
06		Female	Dep Child
07		Female	Dep Child
08		Female	Dep Child
09		Female	Dep Child
10		Female	Dep Child
11		Female	Dep Child
12		Female	Dep Child
13		Female	Dep Child
14		Female	Dep Child
15		Female	Dep Child
16		Female	Dep Child
17		Female	
		Female	Dep Child
18		Female	Dep Child
19		Female	Dep Child
20			Dep Child
21		Female	Dep Child
22		Female	Dep Child
23		Female	Dep Child
24		Female	Dep Child
25		Female	Dep Child
26		Female	Dep Child
27		Female	Dep Child
28		Female	Dep Child
29		Female	Dep Child
30 - 99	0.8410	Female	Dep Child
00	0.5140		Dep Child
01	0.4900		Dep Child
02	0.4490		Dep Child
03	0.4100	Male	Dep Child

Age	Factor	Gender	Adult/Dep
04	0.4100	Male	Dep Child
05	0.4100	Male	Dep Child
06	0.4100	Male	Dep Child
07	0.4100	Male	Dep Child
08	0.4100	Male	Dep Child
09	0.4100	Male	Dep Child
10	0.4100	Male	Dep Child
11	0.4100	Male	Dep Child
12	0.4100	Male	Dep Child
13	0.4100	Male	Dep Child
14	0.4290	Male	Dep Child
15	0.4500	Male	Dep Child
16	0.4710	Male	Dep Child
17	0.4940	Male	Dep Child
18	0.5170	Male	Dep Child
19	0.5420	Male	Dep Child
20	0.5680	Male	Dep Child
21	0.5950	Male	Dep Child
22	0.6240	Male	Dep Child
23	0.6530	Male	Dep Child
24	0.6850	Male	Dep Child
25	0.7180	Male	Dep Child
26	0.7450	Male	Dep Child
27	0.7680	Male	Dep Child
28	0.7920	Male	Dep Child
29	0.8160	Male	Dep Child
30 - 99	0.8410	Male	Dep Child

Area	ID	Factor
71600 - 71699	AB	1.051
71700 - 71799	AB	1.051
71800 - 71899	AB	1.051
71900 - 71999	AD	1.104
72000 - 72099	ZA	0.976
72100 - 72199	AF	1.160
72200 - 72299	AA	1.025
72300 - 72399	AB	1.051
72400 - 72499	AB	1.051
72500 - 72599	AH	1.218
72600 - 72699	ZA	0.976
72700 - 72799	ZE	0.884
72800 - 72899	AF	1.160
72900 - 72999	ZE	0.884
All - Others	AH	1.218

Expected PPO Network Fee is approximately \$2-\$20. This is a mandatory monthly fee per policy/certificate.

The default network will have a factor of 1.0 and other alternative networks will have a factor between 0.75 and 1.25 depending on their discount and penetration compared to the default network.